



Enlighten Preschool Green Valley

(669) 262-8900

GreenValley@enlightenpreschool.org

Enrollment Application

Child's Name: _____ Date: _____

Date of Birth: _____ Place of Birth _____ Gender: M / F Room #: _____

Language Spoken at Home: _____ Race: _____

Mom's Name: _____ Dad's Name: _____

Mom's Phone #: _____ Dad's Phone #: _____

Mom's Email Address: _____

Dad's Email Address: _____

Address: _____

City: _____ Zip Code: _____

Schedule Requested: Please Check One:

| Morning Session: 8:30AM – 12:30PM | | Full Day: 8:30AM – 6:00PM | |
|-----------------------------------|---|---------------------------|---|
| <input type="checkbox"/> | | <input type="checkbox"/> | 2 Days: Tuesdays, Thursdays |
| <input type="checkbox"/> | 3 Days: Mondays, Wednesdays, Fridays | <input type="checkbox"/> | 3 Days: Mondays, Wednesdays, Fridays |
| <input type="checkbox"/> | 4 Days | <input type="checkbox"/> | 4 Days |
| <input type="checkbox"/> | 5 Days: Mondays - Fridays | <input type="checkbox"/> | 5 Days: Mondays - Fridays |

Any Allergies/Food Restrictions? _____ **Lunch:** Y / N

By signing this, I hereby acknowledge that I have completely read and will adhere to Enlighten Preschool's Parent Handbook, policies and procedures.

Parent Signature: _____ **Date:** _____

For Office Use Only

Trial 1: _____ **Trial 2:** _____ **Start Date:** _____

Notes: